



**UTILITY
PATENT APPLICATION
TRANSMITTAL**

TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 03500.017395

First Named Inventor or Application Identifier

KIMIHIRO YOSHIMURA ET AL.

Express Mail Label No.

19704 U.S. PRO
10/616944

07/11/03

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. <input type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)						
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)						
3. <input checked="" type="checkbox"/> Specification	Total Pages	147						
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)	Total Sheets	2						
5. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages	2						
a. <input checked="" type="checkbox"/> Newly executed (original or copy)								
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)								
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).								
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76								
<p style="text-align: right;">ACCOMPANYING APPLICATION PARTS</p> <table border="0"> <tr> <td>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</td> <td>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)</td> <td><input type="checkbox"/> Power of Attorney</td> </tr> <tr> <td>11. <input type="checkbox"/> English Translation Document (if applicable)</td> <td>12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449)</td> <td><input type="checkbox"/> Copies of IDS Citations</td> </tr> </table>			9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney	11. <input type="checkbox"/> English Translation Document (if applicable)	12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449)	<input type="checkbox"/> Copies of IDS Citations
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ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))

10. 37 CFR 3.73(b) Statement
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11. English Translation Document *(if applicable)*

12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Other: _____

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation _____ Divisional Examiner _____ Continuation-in-part (CIP) of prior application No. _____ / _____
Prior application information: _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		05514 (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below	
NAME					
Address					
City				Zip Code	
Country		Telephone		Fax	

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	23-20 =	3	X \$ 18.00 =	\$ 54.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X \$ 84.00 =	\$.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$
				BASIC FEE (37 CFR 1.16(a))	\$ 750.00
				Total of above Calculations =	\$ 804.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$ 804.00

19. Small entity status

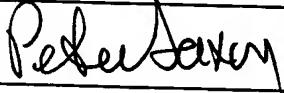
- A small entity statement is enclosed
- A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- Is no longer claimed.

20. A check in the amount of \$ 804.00 to cover the filing fee is enclosed.

21. A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- Fees required under 37 CFR 1.16.
- Fees required under 37 CFR 1.17.
- Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	PETER SAXON
SIGNATURE	
DATE	July 10, 2003